

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

STREICKER FOR CONGRESS, INC.

ADDRESS (number and street)

PO BOX 10



Check if different than previously reported. (ACC)

MILFORD

CT

06460

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00734251

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

CT

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 03 / 2020

in the State of

CT

5. Covering Period

M M / D D / Y Y Y Y

10 / 15 / 2020

through

M M / D D / Y Y Y Y

11 / 23 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

CRATE, BRADLEY, T.,

Type or Print Name of Treasurer

CRATE, BRADLEY, T.,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 03 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 94

Write or Type Committee Name

STREICKER FOR CONGRESS, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	2	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	628115.45	1011115.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	21100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	628115.45	990015.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	602086.69	1790397.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	602086.69	1790397.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	161890.26	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	350000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

STREICKER FOR CONGRESS, INC.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		15		2020

To:

M M	/	D D	/	Y Y Y Y
11		23		2020

I. RECEIPTS
COLUMN A
Total this Period
COLUMN B
Election Cycle Total as of

M M	/	D D	/	Y Y Y Y
11		03		2020

(date of general election)

COLUMN C
Total for

M M	/	D D	/	Y Y Y Y
11		04		2020

(date after general election)

through

M M	/	D D	/	Y Y Y Y
11		23		2020

(last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
- (i) Itemized (use Schedule A)

20220.20

346160.00

0.00

(ii) Unitemized

5003.33

26366.67

0.00

(iii) Total of contributions from individuals

25223.53

372526.67

0.00

(b) Political Party Committees

0.00

19.85

0.00

(c) Other Political Committees

2834.23

31334.23

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
600057.69	607234.93	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
628115.45	1011115.68	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	1005000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	1005000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
628115.45	2016115.68	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

STREICKER FOR CONGRESS, INC.

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 15 2020

To:

M M / D D / Y Y Y Y Y
11 23 2020**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
602086.69	1790397.75	42727.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	19600.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

1500.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

21100.00

0.00

21. OTHER DISBURSEMENTS

0.00

0.00

0.00

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

602086.69

1811497.75

42727.67

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

628115.45

990015.68

0.00

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

602086.69

1790397.75

42727.67

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

135861.50

628115.45

763976.95

602086.69

161890.26

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CAPUANO, JOSEPH, , ,**A.**

Mailing Address 32 LUKE STREET

City
PROSPECTState
CTZip Code
06712FEC ID number of contributing
federal political committee.

C

Name of Employer
VNA HEALTH AT HOMEOccupation
OCCUPATIONAL THERAPIST

Receipt For: 2020

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2020

Transaction ID : SA11A1.6730

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6626]

Full Name (Last, First, Middle Initial)

CARACCILO, DOMENICO, , ,**B.**

Mailing Address 15 SACHEM ROAD

City
WALLINGFORDState
CTZip Code
06492FEC ID number of contributing
federal political committee.

C

Name of Employer
SIKORSKY AIRCRAFTOccupation
TOOLMAKER

Receipt For: 2020

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2020

Transaction ID : SA11A1.6909

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6653]

Full Name (Last, First, Middle Initial)

CARLSON, JOHN, , ,**C.**

Mailing Address 291 GREENWICH AVENUE

City
NEW HAVENState
CTZip Code
06519FEC ID number of contributing
federal political committee.

C

Name of Employer
CITY OF BRIDGEPORTOccupation
TEACHER

Receipt For: 2020

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

340.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2020

Transaction ID : SA11A1.6803

Amount of Each Receipt this Period

20.20

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6644]

SUBTOTAL of Receipts This Page (optional)..... ▶

320.20

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
STREICKER FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
CRYSTAL, JONATHAN, , ,

Mailing Address 141 E 88TH ST #6A

City NEW YORK	State NY	Zip Code 10128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2020
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2020

Transaction ID : SA11A1.6874

Amount of Each Receipt this Period

2500.00

☐ Memo Item
 EARMARKED THROUGH WINRED [SA11A1.6651] TO
 BE REATTRIBUTED OR REFUNDED

B. Full Name (Last, First, Middle Initial)
DANIELS, REUBEN, , ,

Mailing Address 310 WEST 91ST

City NEW YORK	State NY	Zip Code 10024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer EA MARKETS	Occupation FINANCE
--------------------------------	-----------------------

Receipt For: 2020
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2020

Transaction ID : SA11A1.6881

Amount of Each Receipt this Period

250.00

☐ Memo Item
 EARMARKED THROUGH WINRED [SA11A1.6651]

C. Full Name (Last, First, Middle Initial)
DECILIO, LOUIS, , ,

Mailing Address 160 TIMBER RIDGE ROAD

City STRATFORD	State CT	Zip Code 06614
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TOWN OF STRATFORD	Occupation REGISTRAR OF VOTERS
---------------------------------------	-----------------------------------

Receipt For: 2020
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2020

Transaction ID : SA11A1.6696

Amount of Each Receipt this Period

250.00

☐ Memo Item

3000.00

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

GAVIN, JON, , ,**A.**

Mailing Address 173 CHURCH STREET

City

WALLINGFORD

State

CT

Zip Code

06492

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

MANUFACTURING

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2020			

Transaction ID : SA11A1.6711

Amount of Each Receipt this Period

2800.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6626]

Full Name (Last, First, Middle Initial)

HEALY, CHRISTOPHER, , ,**B.**

Mailing Address 27 DORCHESTER ROAD

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT CATHOLIC CONFERENCE

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

491.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2020			

Transaction ID : SA11A1.6799

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6644]

Full Name (Last, First, Middle Initial)

HEGYI, ALBERT, P, ,**C.**

Mailing Address 795 HULLS FARM ROAD

City

SOUTHPORT

State

CT

Zip Code

06890

FEC ID number of contributing
federal political committee.

C

Name of Employer

1ST FINANCIAL BANK USA

Occupation

BANKER

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

5500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2020			

Transaction ID : SA11A1.6808

Amount of Each Receipt this Period

2800.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6644]

SUBTOTAL of Receipts This Page (optional)..... ▶

5700.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

HEGYI, CELIA, , ,

A.

Mailing Address 795 HULLS FARM ROAD

City

SOUTHPORT

State

CT

Zip Code

06890

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 25 2020

Transaction ID : SA11A1.6807

Amount of Each Receipt this Period

2800.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6644]

Full Name (Last, First, Middle Initial)

KLASFELD, JOEL, , ,

B.

Mailing Address 630 FIFTH AVENUE

City

NEW YORK

State

NY

Zip Code

10111

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKEFELLER DENTAL GROUP

Occupation

DENTIST

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 23 2020

Transaction ID : SA11A1.6796

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6644]

Full Name (Last, First, Middle Initial)

LIETZ, CHARLES, , ,

C.

Mailing Address 4673 TREE FERN DRIVE

City

DELRAY BEACH

State

FL

Zip Code

33445

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 22 2020

Transaction ID : SA11A1.6784

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6634]

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3150.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MASTRANGELO, JERRY, , ,

Mailing Address 269 SHORE DRIVE

City

BRANFORD

State

CT

Zip Code

06405

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT FITNESS WAREHOUSE

Occupation

OWNER

Receipt For: 2020

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2020

Transaction ID : SA11A1.6764

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6632]

Full Name (Last, First, Middle Initial)

MISHIWIEC, JOHN, , ,

Mailing Address 24 MEADOW CIRCLE ROAD

City

BRANFORD

State

CT

Zip Code

06405

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2020

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2020

Transaction ID : SA11A1.6665

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6249]

Full Name (Last, First, Middle Initial)

MISHIWIEC, JOHN, , ,

Mailing Address 24 MEADOW CIRCLE ROAD

City

BRANFORD

State

CT

Zip Code

06405

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2020

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2020

Transaction ID : SA11A1.6666

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6249]

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
STREICKER FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) MISHIWIEC, JOHN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 15 2020	
Mailing Address 24 MEADOW CIRCLE ROAD			Transaction ID : SA11A1.6667	
City BRANFORD	State CT	Zip Code 06405		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 150.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED [SA11A1.6249]	
B. Full Name (Last, First, Middle Initial) MORGAN, HOWARD, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 18 2020	
Mailing Address 1 PEACH HILL RD.			Transaction ID : SA11A1.6704	
City DARIEN	State CT	Zip Code 06820		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2800.00	
Name of Employer ARGAND PARTNERS		Occupation INVESTMENTS		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2800.00	<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED [SA11A1.6626]	
C. Full Name (Last, First, Middle Initial) SELLEN, MARK, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 30 2020	
Mailing Address 108 WEST 39TH STREET 4TH FLOOR			Transaction ID : SA11A1.6899	
City NEW YORK	State NY	Zip Code 10018		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer CROSTAR NETWORK / ALLSTAR SECURITY		Occupation PRESIDENT		
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 430.00	<input type="checkbox"/> Memo Item EARMARKED THROUGH WINRED [SA11A1.6652]	
SUBTOTAL of Receipts This Page (optional)..... ▶			3200.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

SMITH, DEFOREST, W., ,

Mailing Address 30 CEDAR HILL RD.

City

MILFORD

State

CT

Zip Code

06461

FEC ID number of contributing
federal political committee.

C

Name of Employer

GEORGE J. SMITH & SON REAL ESTATE

Occupation

REALTOR

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2020			

Transaction ID : SA11A1.6773

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

STAHL, CRAIG, , ,

Mailing Address 321 LONGMEADOW ROAD

City

ORANGE

State

CT

Zip Code

06477

FEC ID number of contributing
federal political committee.

C

Name of Employer

GE EMPLOYEES FEREDAL CREDIT UNION

Occupation

DIRECTOR OF MORTGAGE LENDING

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

220.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2020			

Transaction ID : SA11A1.6800

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6644]

Full Name (Last, First, Middle Initial)

URBANO, JAMES, , ,

Mailing Address 52 NORTH PEASE ROAD

City

WOODBIDGE

State

CT

Zip Code

06525

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BUILDER/DEVELOPER

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2020			

Transaction ID : SA11A1.6905

Amount of Each Receipt this Period

150.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6653]

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WADDINGTON, JOHN, , ,**A.**

Mailing Address 37 BEACHDALE AVENUE

City

VOLUNTOWN

State

CT

Zip Code

06384

FEC ID number of contributing
federal political committee.

C

Name of Employer

EB

Occupation

DESIGNER

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2020

Transaction ID : SA11AI.6913

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.6655]

Full Name (Last, First, Middle Initial)

WINRED**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

235012.54

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2020

Transaction ID : SA11AI.6249

Amount of Each Receipt this Period

635.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

WINRED**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

235237.54

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2020

Transaction ID : SA11AI.6625

Amount of Each Receipt this Period

225.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WINRED**A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

241618.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2020

Transaction ID : SA11AI.6626

Amount of Each Receipt this Period

6380.80

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

WINRED**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

242023.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2020

Transaction ID : SA11AI.6631

Amount of Each Receipt this Period

405.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

WINRED**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

242450.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2020

Transaction ID : SA11AI.6632

Amount of Each Receipt this Period

426.67

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
STREICKER FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2020		
Mailing Address PO BOX 9891			Transaction ID : SA11AI.6634		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Receipt this Period 317.71		
FEC ID number of contributing federal political committee. C C00694323		Election Cycle-to-Date ▼ 242767.72			
Name of Employer		Occupation		<input checked="" type="checkbox"/> Memo Item TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.	
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
B. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2020		
Mailing Address PO BOX 9891			Transaction ID : SA11AI.6640		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Receipt this Period 21.87		
FEC ID number of contributing federal political committee. C C00694323		Election Cycle-to-Date ▼ 242789.59			
Name of Employer		Occupation		<input checked="" type="checkbox"/> Memo Item TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.	
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
C. Full Name (Last, First, Middle Initial) WINRED			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2020		
Mailing Address PO BOX 9891			Transaction ID : SA11AI.6644		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Receipt this Period 6075.20		
FEC ID number of contributing federal political committee. C C00694323		Election Cycle-to-Date ▼ 248864.79			
Name of Employer		Occupation		<input checked="" type="checkbox"/> Memo Item TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.	
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
SUBTOTAL of Receipts This Page (optional)..... ▶			0.00		
TOTAL This Period (last page this line number only)..... ▶					

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
STREICKER FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) WINRED Mailing Address PO BOX 9891 City ARLINGTON State VA Zip Code 22219 FEC ID number of contributing federal political committee. C C00694323 Name of Employer Occupation Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 249019.79			Date of Receipt M M / D D / Y Y Y Y Y 10 30 2020 Transaction ID : SA11AI.6647 Amount of Each Receipt this Period 155.00 <input checked="" type="checkbox"/> Memo Item TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.
B. Full Name (Last, First, Middle Initial) WINRED Mailing Address PO BOX 9891 City ARLINGTON State VA Zip Code 22219 FEC ID number of contributing federal political committee. C C00694323 Name of Employer Occupation Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 249700.79			Date of Receipt M M / D D / Y Y Y Y Y 11 02 2020 Transaction ID : SA11AI.6650 Amount of Each Receipt this Period 681.00 <input checked="" type="checkbox"/> Memo Item TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.
C. Full Name (Last, First, Middle Initial) WINRED Mailing Address PO BOX 9891 City ARLINGTON State VA Zip Code 22219 FEC ID number of contributing federal political committee. C C00694323 Name of Employer Occupation Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 255639.54			Date of Receipt M M / D D / Y Y Y Y Y 11 03 2020 Transaction ID : SA11AI.6651 Amount of Each Receipt this Period 5938.75 <input checked="" type="checkbox"/> Memo Item TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.
SUBTOTAL of Receipts This Page (optional)..... ▶			0.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WINRED**A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

256061.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2020			

Transaction ID : SA11AI.6652

Amount of Each Receipt this Period

421.86

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

WINRED**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

256518.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2020			

Transaction ID : SA11AI.6653

Amount of Each Receipt this Period

456.67

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

WINRED**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

256568.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2020			

Transaction ID : SA11AI.6654

Amount of Each Receipt this Period

50.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WINRED**A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

256818.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	2	0

Transaction ID : SA11AI.6655

Amount of Each Receipt this Period

250.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

YOSELOFF, ANTHONY, , ,Mailing Address 15 CENTRAL PARK WEST
34 D

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

DAVIDSON KEMPNER CAPITAL MGMT

EXECUTIVE MANAGING MEMBER

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	2	0

Transaction ID : SA11AI.6865

Amount of Each Receipt this Period

2800.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.6651]

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

2800.00

TOTAL This Period (last page this line number only)..... ▶

20220.20

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CONNECTICUT REPUBLICAN PARTY

Mailing Address 176 LANING STREET

City
SOUTHINGTONState
CTZip Code
06489FEC ID number of contributing
federal political committee.**C** C00023838

Name of Employer

Occupation

Receipt For: 2020

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

41.48

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2020

Transaction ID : SA11C.6658

Amount of Each Receipt this Period

21.63

☐ Memo Item

IN-KIND: TELEMARKETING & DATA MANAGEMENT

Full Name (Last, First, Middle Initial)

B. CONNECTICUT REPUBLICAN PARTY

Mailing Address 176 LANING STREET

City
SOUTHINGTONState
CTZip Code
06489FEC ID number of contributing
federal political committee.**C** C00023838

Name of Employer

Occupation

Receipt For: 2020

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

54.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2020

Transaction ID : SA11C.6660

Amount of Each Receipt this Period

12.60

☐ Memo Item

IN-KIND: TELEMARKETING & DATA MANAGEMENT

Full Name (Last, First, Middle Initial)

C. FIGHT FOR CONNECTICUTMailing Address C/O LAURA SCHWARTZ
55 OVERLOOK DR.City
RIDGEFIELDState
CTZip Code
06877FEC ID number of contributing
federal political committee.**C** C00750711

Name of Employer

Occupation

Receipt For: 2020

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2020

Transaction ID : SA11C.6657

Amount of Each Receipt this Period

2800.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

2834.23

TOTAL This Period (last page this line number only).....▶

2834.23

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

STREICKER, MARGARET, , ,

A.

Mailing Address PO BOX 10

City

MILFORD

State

CT

Zip Code

06460

FEC ID number of contributing
federal political committee.

C H0CT03155

Name of Employer

NEWCASTLE REALTY SERVICES

Occupation

PRESIDENT

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1262177.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 15 2020

Transaction ID : SA11D.7424

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

STREICKER, MARGARET, , ,

B.

Mailing Address PO BOX 10

City

MILFORD

State

CT

Zip Code

06460

FEC ID number of contributing
federal political committee.

C H0CT03155

Name of Employer

NEWCASTLE REALTY SERVICES

Occupation

PRESIDENT

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1612177.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 22 2020

Transaction ID : SA11D.7425

Amount of Each Receipt this Period

350000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

STREICKER, MARGARET, , ,

C.

Mailing Address PO BOX 10

City

MILFORD

State

CT

Zip Code

06460

FEC ID number of contributing
federal political committee.

C H0CT03155

Name of Employer

NEWCASTLE REALTY SERVICES

Occupation

PRESIDENT

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1612234.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 28 2020

Transaction ID : SA11D.6662

Amount of Each Receipt this Period

57.69

☐ Memo Item

IN-KIND: SOFTWARE

SUBTOTAL of Receipts This Page (optional)..... ▶

600057.69

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

STREICKER, MARGARET, , ,

A.

Mailing Address PO BOX 10

City

MILFORD

State

CT

Zip Code

06460

FEC ID number of contributing
federal political committee.

C H0CT03155

Name of Employer

NEWCASTLE REALTY SERVICES

Occupation

PRESIDENT

Receipt For: 2020

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2020

Transaction ID : SA11D.7429

Amount of Each Receipt this Period

105000.00

☒ Memo Item

CANDIDATE LOAN CONVERSION [SEE SC/10
BELOW]

Full Name (Last, First, Middle Initial)

STREICKER, MARGARET, , ,

B.

Mailing Address PO BOX 10

City

MILFORD

State

CT

Zip Code

06460

FEC ID number of contributing
federal political committee.

C H0CT03155

Name of Employer

NEWCASTLE REALTY SERVICES

Occupation

PRESIDENT

Receipt For: 2020

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2020

Transaction ID : SA11D.7430

Amount of Each Receipt this Period

300000.00

☒ Memo Item

CANDIDATE LOAN CONVERSION [SEE SC/10
BELOW]

Full Name (Last, First, Middle Initial)

STREICKER, MARGARET, , ,

C.

Mailing Address PO BOX 10

City

MILFORD

State

CT

Zip Code

06460

FEC ID number of contributing
federal political committee.

C H0CT03155

Name of Employer

NEWCASTLE REALTY SERVICES

Occupation

PRESIDENT

Receipt For: 2020

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 23 2020

Transaction ID : SA11D.7431

Amount of Each Receipt this Period

250000.00

☒ Memo Item

CANDIDATE LOAN CONVERSION [SEE SC/10
BELOW]

SUBTOTAL of Receipts This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

600057.69

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ACROPOLIS DINER

Mailing Address 1864 DIXWELL AVE

City
HAMDENState
CTZip Code
06514Purpose of Disbursement
AMEX PMT: TRAVEL: FOOD [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

9.25

Transaction ID : SB17.7367

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

182.86

Transaction ID : SB17.7280

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

18.03

Transaction ID : SB17.7281

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

31.89

Transaction ID : SB17.7282

☒ Memo Item**B. AMAZON**

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

32.05

Transaction ID : SB17.7283

☒ Memo Item**C. AMAZON**

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

5.83

Transaction ID : SB17.7284

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

39.48

Transaction ID : SB17.7285

☒ Memo Item**B. AMAZON**

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

9.03

Transaction ID : SB17.7286

☒ Memo Item**C. AMAZON**

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

82.55

Transaction ID : SB17.7368

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

12.99

Transaction ID : SB17.7369

☒ Memo Item**B. AMAZON**

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

14.88

Transaction ID : SB17.7370

☒ Memo Item**C. AMAZON**

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

8.13

Transaction ID : SB17.7371

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMAZON PRIME

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

12.99

Transaction ID : SB17.7287

☒ Memo Item**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City
NEWARKState
NJZip Code
07101Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

6565.63

Transaction ID : SB17.6915

☐ Memo Item**C. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City
NEWARKState
NJZip Code
07101Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

7098.75

Transaction ID : SB17.6916

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

13664.38

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ANTONIOS ITALIAN STYLE PIZZA

Mailing Address 12A BRIDGEPORT AVE

City
SHELTONState
CTZip Code
06484Purpose of Disbursement
AMEX PMT: MEETING EXPENSE: MEALS [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

76.76

Transaction ID : SB17.7288

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. ARENA LLC

Mailing Address 1260 STRINGHAM AVE #350

City
SALT LAKE CITYState
UTZip Code
84106Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

31000.00

Transaction ID : SB17.6917

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ATLAS DIRECT

Mailing Address 92 MAGNOLIA AVE.

City
WESTBURYState
NYZip Code
11590Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

53095.68

Transaction ID : SB17.6918

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

84095.68

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ATLAS DIRECT

Mailing Address 92 MAGNOLIA AVE.

City
WESTBURYState
NYZip Code
11590Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

17698.56

Transaction ID : SB17.6919

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BJ'S FUEL

Mailing Address 20 DIVISION ST

City
DERBYState
CTZip Code
06418Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

28.00

Transaction ID : SB17.7372

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CARLSON, CRAIG, , ,

Mailing Address 228 PARK TERRACE AVENUE

City
WEST HAVENState
CTZip Code
06516Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1400.00

Transaction ID : SB17.6926

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

19098.56

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445A LAUGHLIN AVENUE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.6920

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445A LAUGHLIN AVENUE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.6921

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445A LAUGHLIN AVENUE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.6922

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445A LAUGHLIN AVENUE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.6923

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHARM'S SECURITY HARDWARE

Mailing Address 886 CAMPBELL AVENUE

City
WEST HAVENState
CTZip Code
06516Purpose of Disbursement
AMEX PMT: LOCKSMITH [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

7.34

Transaction ID : SB17.7289

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CITGOMailing Address 6100 S YALE AVE ST
STE 600City
TULSAState
OKZip Code
74136Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.7290

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

20.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CITGOMailing Address 6100 S YALE AVE ST
STE 600City
TULSAState
OKZip Code
74136Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

22.38

Transaction ID : SB17.7373

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CITY CARTING & RECYCLING

Mailing Address 8 VIADUCT RD

City
STAMFORDState
CTZip Code
06907Purpose of Disbursement
AMEX PMT: WASTE REMOVAL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

36.40

Transaction ID : SB17.7374

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CONNECTICUT REPUBLICAN PARTY

Mailing Address 176 LANING STREET

City
SOUTHINGTONState
CTZip Code
06489Purpose of Disbursement
IN-KIND: TELEMARKETING & DATA MANAGEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2020

FEC Identification Number

C C00023838

Amount of Each Disbursement this Period

21.63

Transaction ID : SB17.6659

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

21.63

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CONNECTICUT REPUBLICAN PARTY

Mailing Address 176 LANING STREET

City
SOUTHINGTONState
CTZip Code
06489Purpose of Disbursement
IN-KIND: TELEMARTETING & DATA MANAGEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2020

FEC Identification Number

C C00023838

Amount of Each Disbursement this Period

12.60

Transaction ID : SB17.6661

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CUMBERLAND FARMS

Mailing Address 1023 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

19.95

Transaction ID : SB17.7291

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CUMBERLAND FARMS

Mailing Address 258 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

30.67

Transaction ID : SB17.7292

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12.60

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CUMBERLAND FARMS

Mailing Address 258 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

45.13

Transaction ID : SB17.7293

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CUMBERLAND FARMS

Mailing Address 1023 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.7294

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CUMBERLAND FARMS

Mailing Address 1023 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

26.59

Transaction ID : SB17.7295

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CUMBERLAND FARMS

Mailing Address 1023 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

15.18

Transaction ID : SB17.7296

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CUMBERLAND FARMS

Mailing Address 1023 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

47.96

Transaction ID : SB17.7297

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CUMBERLAND FARMS

Mailing Address 1023 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

32.40

Transaction ID : SB17.7298

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CUMBERLAND FARMS

Mailing Address 1023 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

52.47

Transaction ID : SB17.7299

☒ Memo Item**B. CUMBERLAND FARMS**

Mailing Address 1023 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

23.49

Transaction ID : SB17.7375

☒ Memo Item**C. CUMBERLAND FARMS**

Mailing Address 258 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

51.51

Transaction ID : SB17.7376

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CUMBERLAND FARMS

Mailing Address 258 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

30.12

Transaction ID : SB17.7377

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CUMBERLAND FARMS

Mailing Address 249 STATE STREET

City
NORTH HAVENState
CTZip Code
06473Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

28.80

Transaction ID : SB17.7378

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CVS PHARMACY

Mailing Address 989 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

7.22

Transaction ID : SB17.7300

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. DICKINSON WRIGHT PLLC

Mailing Address 1825 EYE STREET NW, SUITE 900

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.6930

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOLLAR GENERAL

Mailing Address 234 MELBA ST

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

6.38

Transaction ID : SB17.7301

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. DOLLAR GENERAL

Mailing Address 234 MELBA ST

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FOOD [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

7.39

Transaction ID : SB17.7302

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. DOLLAR GENERAL

Mailing Address 234 MELBA ST

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FOOD [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

5.85

Transaction ID : SB17.7303

☒ Memo Item**B. DROPBOX**

Full Name (Last, First, Middle Initial)

Mailing Address 333 BRANNAN STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
AMEX PMT: DATA MANAGEMENT [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

21.26

Transaction ID : SB17.7304

☒ Memo Item**C. DROPBOX**

Full Name (Last, First, Middle Initial)

Mailing Address 333 BRANNAN STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
AMEX PMT: DATA MANAGEMENT [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

21.26

Transaction ID : SB17.7379

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. DUNKIN

Mailing Address 847 FORST RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
NORTHFORDState
CTZip Code
06472

FEC Identification Number

C

Purpose of Disbursement
AMEX PMT: TRAVEL: FOOD [SB17.6915]

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.75

Transaction ID : SB17.7305

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. DUNKIN

Mailing Address 859 BOSTON POST RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
MILFORDState
CTZip Code
06460

FEC Identification Number

C

Purpose of Disbursement
AMEX PMT: TRAVEL: FOOD [SB17.6915]

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.02

Transaction ID : SB17.7306

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. DUNKIN

Mailing Address 859 BOSTON POST RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
MILFORDState
CTZip Code
06460

FEC Identification Number

C

Purpose of Disbursement
AMEX PMT: TRAVEL: FOOD [SB17.6915]

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.81

Transaction ID : SB17.7307

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. DUNKIN

Mailing Address 859 BOSTON POST RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
MILFORDState
CTZip Code
06460

FEC Identification Number

C

Purpose of Disbursement
AMEX PMT: TRAVEL: FOOD [SB17.6915]

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

39.65

Transaction ID : SB17.7308

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. EBAY

Mailing Address 2535 NORTH FIRST STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
SAN JOSEState
CAZip Code
95131

FEC Identification Number

C

Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

17.01

Transaction ID : SB17.7309

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. ENJEM, FRANCIS, J., , JR.

Mailing Address 7 RIDGE RD.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2020

City
DERBYState
CTZip Code
06418

FEC Identification Number

C

Purpose of Disbursement
AUDIO VISUAL SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1265.00

Transaction ID : SB17.6932

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

1265.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BLVD

City
IRVINGState
TXZip Code
75039Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

33.20

Transaction ID : SB17.7310

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BLVD

City
IRVINGState
TXZip Code
75039Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

22.63

Transaction ID : SB17.7311

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BLVD

City
IRVINGState
TXZip Code
75039Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

10.02

Transaction ID : SB17.7312

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BLVD

City
IRVINGState
TXZip Code
75039Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

36.36

Transaction ID : SB17.7313

☒ Memo Item**B. FACEBOOK**Mailing Address 1601 WILLOW RD
BLDG 10City
MENLO PARKState
CAZip Code
94025Purpose of Disbursement
AMEX PMT: MEDIA PLACEMENT FEES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

238.68

Transaction ID : SB17.7314

☒ Memo Item**C. FAS MART**

Mailing Address 528 MAIN ST

City
WEST HAVENState
CTZip Code
06516Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.7315

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FASSMART

Mailing Address 528 MAIN ST

City
WEST HAVENState
CTZip Code
06516Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.7316

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS BLVD

City
MEMPHISState
TNZip Code
38116-5070Purpose of Disbursement
AMEX PMT: DELIVERY SERVICES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

48.41

Transaction ID : SB17.7317

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS BLVD

City
MEMPHISState
TNZip Code
38116-5070Purpose of Disbursement
AMEX PMT: DELIVERY SERVICES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

24.88

Transaction ID : SB17.7318

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS BLVD

City
MEMPHISState
TNZip Code
38116-5070Purpose of Disbursement
AMEX PMT: DELIVERY SERVICES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

132.16

Transaction ID : SB17.7319

☒ Memo Item**B. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 3875 AIRWAYS BLVD

City
MEMPHISState
TNZip Code
38116-5070Purpose of Disbursement
AMEX PMT: DELIVERY SERVICES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

13.81

Transaction ID : SB17.7320

☒ Memo Item**C. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 3875 AIRWAYS BLVD

City
MEMPHISState
TNZip Code
38116-5070Purpose of Disbursement
AMEX PMT: DELIVERY SERVICES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

18.89

Transaction ID : SB17.7380

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
MEMPHISState
TNZip Code
38116-5070Purpose of Disbursement
AMEX PMT: DELIVERY SERVICES [SB17.6916]

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : SB17.7381

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
MEMPHISState
TNZip Code
38116-5070Purpose of Disbursement
AMEX PMT: DELIVERY SERVICES [SB17.6916]

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : SB17.7382

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
MEMPHISState
TNZip Code
38116-5070Purpose of Disbursement
AMEX PMT: DELIVERY SERVICES [SB17.6916]

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

14.07

Transaction ID : SB17.7383

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS BLVD

City
MEMPHISState
TNZip Code
38116-5070Purpose of Disbursement
AMEX PMT: DELIVERY SERVICES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

12.44

Transaction ID : SB17.7384

☒ Memo Item**B. FRANTIC LLC**Mailing Address 246 W 38TH ST
2ND FLOORCity
NEW YORKState
NYZip Code
10018Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.7321

☒ Memo Item**C. GODADDY**

Mailing Address 14455 HAYDEN ROAD

City
SCOTTSDALEState
AZZip Code
58260Purpose of Disbursement
AMEX PMT: WEBSITE HOSTING [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

21.76

Transaction ID : SB17.7322

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GODADDY

Mailing Address 14455 HAYDEN ROAD

City
SCOTTSDALEState
AZZip Code
58260Purpose of Disbursement
AMEX PMT: WEBSITE HOSTING [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

21.76

Transaction ID : SB17.7385

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. GREAT RIVER GOLF CLUB

Mailing Address 130 CORAM LN

City
MILFORDState
CTZip Code
06461Purpose of Disbursement
AMEX PMT: FACILITY RENTAL/CATERING SERVICES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

2260.32

Transaction ID : SB17.7386

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. GREAT RIVER GOLF CLUB

Mailing Address 130 CORAM LN

City
MILFORDState
CTZip Code
06461Purpose of Disbursement
AMEX PMT: FACILITY RENTAL/CATERING SERVICES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

515.00

Transaction ID : SB17.7387

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GREEN ELM CONSTRUCTION

Mailing Address 192 DIXWELL AVE SUITE 103

City
NEW HAVENState
CTZip Code
06511Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.6934

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GUILFORD BISTRO

Mailing Address 1016 BOSTON POST RD

City
GUILFORDState
CTZip Code
06437Purpose of Disbursement
AMEX PMT: MEETING EXPENSE: MEALS [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

72.64

Transaction ID : SB17.7388

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. GULF OILMailing Address 80 WILLIAM ST
STE 400City
WELLESLEY HILLSState
MAZip Code
02481Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

20.31

Transaction ID : SB17.7323

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GULF OILMailing Address 80 WILLIAM ST
STE 400City
WELLESLEY HILLSState
MAZip Code
02481Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

15.05

Transaction ID : SB17.7324

☒ Memo Item**B. GULF OIL**Mailing Address 80 WILLIAM ST
STE 400City
WELLESLEY HILLSState
MAZip Code
02481Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

19.61

Transaction ID : SB17.7325

☒ Memo Item**C. GULF OIL**Mailing Address 80 WILLIAM ST
STE 400City
WELLESLEY HILLSState
MAZip Code
02481Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

19.86

Transaction ID : SB17.7389

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HEARST CT MEDIA GROUP

Mailing Address 410 STATE ST

City
BRIDGEPORTState
CTZip Code
06604Purpose of Disbursement
AMEX PMT: SUBSCRIPTION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

9.95

Transaction ID : SB17.7390

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HOME DEPOT

Mailing Address 440 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

40.64

Transaction ID : SB17.7326

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HOME DEPOT

Mailing Address 440 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

53.97

Transaction ID : SB17.7327

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HP INSTANT INK

Mailing Address 3000 HANOVER ST

City
PALO ALTOState
CAZip Code
94304Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

5.31

Transaction ID : SB17.7391

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. IHEART MEDIA

Mailing Address 495 BENHAM ST

City
HAMDENState
CTZip Code
06514Purpose of Disbursement
AMEX PMT: PLACED MEDIA [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

2289.00

Transaction ID : SB17.7392

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. IMPRINT.COM

Mailing Address 14550 BEECHNUT ST

City
HOUSTONState
TXZip Code
77083Purpose of Disbursement
AMEX PMT: PRINTING & DESIGN SERVICES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

282.07

Transaction ID : SB17.7393

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. JETBLUE

Mailing Address 27-01 QUEENS PLAZA N

City
QUEENSState
NYZip Code
11101Purpose of Disbursement
AMEX PMT: TRAVEL: FEES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.7328

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. JETBLUE

Mailing Address 27-01 QUEENS PLAZA N

City
QUEENSState
NYZip Code
11101Purpose of Disbursement
AMEX PMT: TRAVEL: FEES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.7329

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. JETBLUE

Mailing Address 27-01 QUEENS PLAZA N

City
QUEENSState
NYZip Code
11101Purpose of Disbursement
AMEX PMT: TRAVEL: FEES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

45.00

Transaction ID : SB17.7330

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. JETBLUE

Mailing Address 27-01 QUEENS PLAZA N

City
QUEENSState
NYZip Code
11101Purpose of Disbursement
AMEX PMT: TRAVEL: FEES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.7331

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. JETBLUE

Mailing Address 27-01 QUEENS PLAZA N

City
QUEENSState
NYZip Code
11101Purpose of Disbursement
AMEX PMT: TRAVEL: AIR [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

296.20

Transaction ID : SB17.7332

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. JEWISH FEDERATION OF GREATER NEW HAVEN

Mailing Address 360 AMITY ROAD

City
WOODBIDGEState
CTZip Code
06525Purpose of Disbursement
AMEX PMT: EVENT REGISTRATION FEE [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

55.62

Transaction ID : SB17.7333

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. JOHNS REFUSE AND RECYCLING

Mailing Address 1002 MIDDLETOWN AVE

City
NORTHFORDState
CTZip Code
06472Purpose of Disbursement
AMEX PMT: WASTE REMOVAL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

89.33

Transaction ID : SB17.7334

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHNS REFUSE AND RECYCLING

Mailing Address 1002 MIDDLETOWN AVE

City
NORTHFORDState
CTZip Code
06472Purpose of Disbursement
AMEX PMT: WASTE REMOVAL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

89.33

Transaction ID : SB17.7394

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. KOPCIK, COLTON, , ,Mailing Address 2537 ABBOT ROAD
APT 3054City
EAST LANSINGState
MIZip Code
48823Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

468.00

Transaction ID : SB17.6925

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

468.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. KVON PHOTOGRAPHYMailing Address 1069 CONNECTICUT AVE
SUITE 4-308City
BRIDGEPORTState
CTZip Code
06607Purpose of Disbursement
AMEX PMT: PHOTOGRAPHY EXPENSE [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

212.70

Transaction ID : SB17.7395

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LANCIA, CHRISTOPHER, , ,

Mailing Address 87 NAUGATUCK AVE

City
BRIDGEPORTState
CTZip Code
06604Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.6924

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LITTLE PUB

Mailing Address 10 WASHINGTON PARKWAY

City
STRATFORDState
CTZip Code
06615Purpose of Disbursement
AMEX PMT: TRAVEL: FOOD [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

44.64

Transaction ID : SB17.7335

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LOWE'S HOME IMPROVEMENT

Mailing Address 311 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

21.24

Transaction ID : SB17.7336

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LOWE'S HOME IMPROVEMENT

Mailing Address 311 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

9.55

Transaction ID : SB17.7337

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMPMailing Address 675 PONCE DE LEON AVE NE
STE 500City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
AMEX PMT: SUBSCRIPTION [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

75.74

Transaction ID : SB17.7338

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MAILCHIMPMailing Address 675 PONCE DE LEON AVE NE
STE 500City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
AMEX PMT: SUBSCRIPTION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

80.79

Transaction ID : SB17.7396

☒ Memo Item**B. MICROSOFT**Mailing Address 91 MAIN STREET
8TH FLOORCity
ORONOState
MEZip Code
04473Purpose of Disbursement
AMEX PMT: SOFTWARE [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

33.33

Transaction ID : SB17.7339

☒ Memo Item**C. MICROSOFT**Mailing Address 91 MAIN STREET
8TH FLOORCity
ORONOState
MEZip Code
04473Purpose of Disbursement
AMEX PMT: SOFTWARE [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

33.33

Transaction ID : SB17.7397

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. NOTHOLT, DAVID, , ,

Mailing Address 100 STAGECOACH CIRCLE

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.6927

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NOTHOLT, DAVID, , ,

Mailing Address 100 STAGECOACH CIRCLE

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.6928

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NOTHOLT, DAVID, , ,

Mailing Address 100 STAGECOACH CIRCLE

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1428.00

Transaction ID : SB17.6929

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5428.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. NYC DEPT OF TRANSPORTATION

Mailing Address 34-02 QUEENS BLVD

Date of Disbursement

M M	D D	Y Y Y Y
11	16	2020

City
LONG ISLAND CITYState
NYZip Code
11101Purpose of Disbursement
AMEX PMT: TRAVEL: PARKING FEES [SB17.6916]

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

4.00

Transaction ID : SB17.7398

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. OPTIMUM

Mailing Address 3710 MAIN STREET

Date of Disbursement

M M	D D	Y Y Y Y
11	16	2020

City
BRIDGEPORTState
CTZip Code
06606Purpose of Disbursement
AMEX PMT: BROADBAND SERVICES [SB17.6915]

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

60.66

Transaction ID : SB17.7340

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. OPTIMUM

Mailing Address 3710 MAIN STREET

Date of Disbursement

M M	D D	Y Y Y Y
11	16	2020

City
BRIDGEPORTState
CTZip Code
06606Purpose of Disbursement
AMEX PMT: BROADBAND SERVICES [SB17.6916]

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

56.20

Transaction ID : SB17.7399

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ORANGE 32 INC

Mailing Address 50-17 5TH STREET

City
LONG ISLAND CITYState
NYZip Code
11101Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

93021.62

Transaction ID : SB17.6935

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ORANGE 32 INC

Mailing Address 50-17 5TH STREET

City
LONG ISLAND CITYState
NYZip Code
11101Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

23041.52

Transaction ID : SB17.6936

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OUTFRONT MEDIAMailing Address 5 MITCHELL DRIVE
SUITE 105City
NEW HAVENState
CTZip Code
06511Purpose of Disbursement
AMEX PMT: PLACED MEDIA [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1975.00

Transaction ID : SB17.7341

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

116063.14

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. PILOT TRAVEL CENTER

Mailing Address 433 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

24.46

Transaction ID : SB17.7342

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. PILOT TRAVEL CENTER

Mailing Address 433 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

28.08

Transaction ID : SB17.7343

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. PILOT TRAVEL CENTER

Mailing Address 433 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

25.82

Transaction ID : SB17.7344

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. PILOT TRAVEL CENTER

Mailing Address 433 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

30.60

Transaction ID : SB17.7345

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. PILOT TRAVEL CENTER

Mailing Address 433 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

18.89

Transaction ID : SB17.7346

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. PILOT TRAVEL CENTER

Mailing Address 433 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

21.70

Transaction ID : SB17.7400

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. PILOT TRAVEL CENTER

Mailing Address 433 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

24.35

Transaction ID : SB17.7401

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. PILOT TRAVEL CENTER

Mailing Address 433 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

22.96

Transaction ID : SB17.7402

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. POPS FAMILY RESTAURANT

Mailing Address 134 OLD GATE LN

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: TRAVEL: FOOD [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB17.7347

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. PORT AUTHORITY OF NEW YORK & NEW JERSEYMailing Address 600 S SPRING ST
STE 1750City
LOS ANGELESState
CAZip Code
90014Purpose of Disbursement
AMEX PMT: TRAVEL: PARKING [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

44.00

Transaction ID : SB17.7348

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. READY REFRESH BY NESTLE

Mailing Address 900 LONG RIDGE RD

City
STAMFORDState
CTZip Code
06902Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

28.31

Transaction ID : SB17.7349

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. READY REFRESH BY NESTLE

Mailing Address 900 LONG RIDGE RD

City
STAMFORDState
CTZip Code
06902Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

2.13

Transaction ID : SB17.7350

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. READY REFRESH BY NESTLE

Mailing Address 900 LONG RIDGE RD

City
STAMFORDState
CTZip Code
06902Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	16	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

4.25

Transaction ID : SB17.7403

☒ Memo Item**B. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET
SECOND FLOORCity
BEVERLYState
MAZip Code
01915Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	26	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

10.75

Transaction ID : SB17.6937

☐ Memo Item**C. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET
SECOND FLOORCity
BEVERLYState
MAZip Code
01915Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	06	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1752.40

Transaction ID : SB17.6938

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1763.15

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
SECOND FLOORCity
BEVERLYState
MAZip Code
01915Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

71.40

Transaction ID : SB17.6939

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHELL & BONES OYSTER BAR & GRILL

Mailing Address 100 S WATER ST

City
NEW HAVENState
CTZip Code
06519Purpose of Disbursement
AMEX PMT: MEETING EXPENSE: MEALS [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

93.59

Transaction ID : SB17.7351

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SHELL OIL

Mailing Address 12700 NORTHBOROUGH

City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

39.71

Transaction ID : SB17.7352

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

71.40

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SHELL OIL

Mailing Address 12700 NORTHBOROUGH

City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.7353

☒ Memo Item**B. SHELL OIL**

Mailing Address 12700 NORTHBOROUGH

City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

51.50

Transaction ID : SB17.7404

☒ Memo Item**C. SHELL OIL**

Mailing Address 12700 NORTHBOROUGH

City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

30.31

Transaction ID : SB17.7405

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SHELL OIL

Mailing Address 12700 NORTHBOROUGH

City
HOUSTONState
TXZip Code
77067Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	16	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

15.10

Transaction ID : SB17.7406

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SHOPRITE

Mailing Address 49 PERSHING DR

City
DERBYState
CTZip Code
06418Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	16	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

19.82

Transaction ID : SB17.7354

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SPIRIT HALLOWEEN

Mailing Address 1393 BOSTON POST RD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: EVENT STAGING EXPENSE [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	16	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

97.80

Transaction ID : SB17.7407

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1371 BOSTON POST ROAD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

0.64

Transaction ID : SB17.7408

☒ Memo Item**B. STAPLES**

Mailing Address 1371 BOSTON POST ROAD

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: OFFICE SUPPLIES [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

2.55

Transaction ID : SB17.7409

☒ Memo Item**C. STARBUCKS**

Mailing Address 1068 CHAPEL ST

City
NEW HAVENState
CTZip Code
06510Purpose of Disbursement
AMEX PMT: TRAVEL: FOOD [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

11.33

Transaction ID : SB17.7410

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. STOP & SHOP

Mailing Address 1630 E TOWN RD

City
MILFORDState
CTZip Code
06480Purpose of Disbursement
AMEX PMT: TRAVEL: FUEL [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

27.78

Transaction ID : SB17.7411

☒ Memo Item**B. STRATEGIC MEDIA PLACEMENT INC.**

Mailing Address 7669 STAGERS LOOP

City
DELAWAREState
OHZip Code
43015Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

150000.00

Transaction ID : SB17.6940

☐ Memo Item**C. STRATEGIC MEDIA PLACEMENT INC.**

Mailing Address 7669 STAGERS LOOP

City
DELAWAREState
OHZip Code
43015Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

150000.00

Transaction ID : SB17.6941

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

300000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. STREICKER, MARGARET, , ,

Mailing Address PO BOX 10

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
IN-KIND: SOFTWARE

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT

District: 03

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2020

FEC Identification Number

C H0CT03155

Amount of Each Disbursement this Period

57.69

Transaction ID : SB17.6663

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE COEFFICIENT GROUP, LLC

Mailing Address 1881 MAIN ST #305

City
KANSAS CITYState
MOZip Code
64108Purpose of Disbursement
POLLING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.6942

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE COEFFICIENT GROUP, LLC

Mailing Address 1881 MAIN ST #305

City
KANSAS CITYState
MOZip Code
64108Purpose of Disbursement
POLLING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

22395.25

Transaction ID : SB17.6943

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

29952.94

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. THE HARTFORD COURANT

Mailing Address 285 BROAD ST

City
HARTFORDState
CTZip Code
06115Purpose of Disbursement
AMEX PMT: SUBSCRIPTION [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

7.96

Transaction ID : SB17.7355

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. THE HARTFORD COURANT

Mailing Address 285 BROAD ST

City
HARTFORDState
CTZip Code
06115Purpose of Disbursement
AMEX PMT: SUBSCRIPTION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

7.96

Transaction ID : SB17.7412

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. THE STRATEGY GROUP FOR MEDIA, INC.

Mailing Address 7669 STAGERS LOOP

City
DELAWAREState
OHZip Code
43015Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

22950.50

Transaction ID : SB17.6945

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

22950.50

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. TRE SCALINI RESTAURANT

Mailing Address 100 WOOSTER ST

City
NEW HAVENState
CTZip Code
06511Purpose of Disbursement
AMEX PMT: FACILITY RENTAL/CATERING SERVICES [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

1126.14

Transaction ID : SB17.7356

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. U-HAUL

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

145.59

Transaction ID : SB17.7358

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. U-HAUL

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

36.10

Transaction ID : SB17.7359

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. U-HAUL

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

132.10

Transaction ID : SB17.7360

☒ Memo Item**B. U-HAUL**

Full Name (Last, First, Middle Initial)

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

45.52

Transaction ID : SB17.7361

☒ Memo Item**C. U-HAUL**

Full Name (Last, First, Middle Initial)

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

98.91

Transaction ID : SB17.7362

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. U-HAUL

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

0.41

Transaction ID : SB17.7363

☒ Memo Item**B. U-HAUL**

Full Name (Last, First, Middle Initial)

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

5.27

Transaction ID : SB17.7413

☒ Memo Item**C. U-HAUL**

Full Name (Last, First, Middle Initial)

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

52.74

Transaction ID : SB17.7414

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. U-HAUL

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

6.36

Transaction ID : SB17.7415

☒ Memo Item**B. U-HAUL**

Full Name (Last, First, Middle Initial)

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

8.72

Transaction ID : SB17.7416

☒ Memo Item**C. U-HAUL**

Full Name (Last, First, Middle Initial)

Mailing Address 174 BOSTON POST RD

City
ORANGEState
CTZip Code
06477Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.7417

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 94

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. U-HAUL

Mailing Address 174 BOSTON POST RD

City
ORANGE

State
CT

Zip Code
06477

Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 16 / 2020

FEC Identification Number

C

Amount of Each Disbursement this Period

94.46

Transaction ID : SB17.7418

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. U-HAUL

Mailing Address 174 BOSTON POST RD

City
ORANGE

State
CT

Zip Code
06477

Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 16 / 2020

FEC Identification Number

C

Amount of Each Disbursement this Period

48.66

Transaction ID : SB17.7419

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. U-HAUL

Mailing Address 174 BOSTON POST RD

City
ORANGE

State
CT

Zip Code
06477

Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 16 / 2020

FEC Identification Number

C

Amount of Each Disbursement this Period

10.62

Transaction ID : SB17.7420

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. U-HAUL

Mailing Address 174 BOSTON POST RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
ORANGEState
CTZip Code
06477

FEC Identification Number

C

Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6916]

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

128.53

Transaction ID : SB17.7421

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
SAN FRANCISCOState
CAZip Code
94103

FEC Identification Number

C

Purpose of Disbursement
AMEX PMT: TRAVEL: GROUND TRANSPORTATION [SB17.6915]

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

39.12

Transaction ID : SB17.7357

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. UNITED STATE POSTAL SERVICE

Mailing Address 6 W RIVER ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

City
MILFORDState
CTZip Code
06460

FEC Identification Number

C

Purpose of Disbursement
AMEX PMT: POSTAGE [SB17.6915]

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.80

Transaction ID : SB17.7364

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATE POSTAL SERVICE

Mailing Address 6 W RIVER ST

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: POSTAGE [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

11.00

Transaction ID : SB17.7365

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATE POSTAL SERVICE

Mailing Address 6 W RIVER ST

City
MILFORDState
CTZip Code
06460Purpose of Disbursement
AMEX PMT: POSTAGE [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

0.65

Transaction ID : SB17.7422

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	2	0

FEC Identification Number

C

Amount of Each Disbursement this Period

54.82

Transaction ID : SB17.6946

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

54.82

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	16	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

77.80

Transaction ID : SB17.6947

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	19	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.6948

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	20	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

31.70

Transaction ID : SB17.6949

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

139.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

9.75

Transaction ID : SB17.6950

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

248.48

Transaction ID : SB17.6951

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

17.49

Transaction ID : SB17.6952

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

275.72

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

17.46

Transaction ID : SB17.6953

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

13.12

Transaction ID : SB17.6954

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

1.18

Transaction ID : SB17.6955

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

31.76

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

233.86

Transaction ID : SB17.6956

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

6.79

Transaction ID : SB17.6957

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

31.89

Transaction ID : SB17.6958

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

272.54

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 94

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STREICKER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

229.13

Transaction ID : SB17.6959

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ZOOMMailing Address 55 ALMADEN BLVD
STE 6City
SAN JOSEState
CAZip Code
95113Purpose of Disbursement
AMEX PMT: SUBSCRIPTION [SB17.6915]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

29.07

Transaction ID : SB17.7366

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. ZOOMMailing Address 55 ALMADEN BLVD
STE 6City
SAN JOSEState
CAZip Code
95113Purpose of Disbursement
AMEX PMT: SUBSCRIPTION [SB17.6916]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

29.09

Transaction ID : SB17.7423

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

229.13

TOTAL This Period (last page this line number only).....▶

602038.45

SCHEDULE C (FEC Form 3)
LOANS

PAGE 86 OF 94

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4287

STREICKER FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)

STREICKER, MARGARET, , ,

☐ Memo Item

Election: 2020

☐ Primary☐ General☒ Other (specify) ▼
ConventionMailing Address
PO BOX 10

City

MILFORD

State

CT

ZIP Code

06460

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 14 D

Y 2020 Y

M M

D D

Y DUE ON
DEMAND Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

25000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4284

STREICKER FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)

STREICKER, MARGARET, , ,

☐ Memo Item

Election: 2020

☐ Primary☐ General☒ Other (specify) ▼
ConventionMailing Address
PO BOX 10

City

MILFORD

State

CT

ZIP Code

06460

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 16 D /

Y 2020 Y

M M /

D D /

Y DUE ON DEMAND Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

75000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 88 OF 94

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4770

STREICKER FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

STREICKER, MARGARET, , ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 10

City

State

ZIP Code

MILFORD

CT

06460

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250000.00

0.00

250000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 10 D

Y 2020 Y

M M

D D

Y DUE ON
DEMAND Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 89 OF 94

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6212

STREICKER FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

STREICKER, MARGARET, , ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 10

City

State

ZIP Code

MILFORD

CT

06460

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

105000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 / D 18 / Y 2020

M M / D D / Y DUE ON DEMAND

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC/10.6212

(CONVERSION OF CANDIDATE LOAN -\$105,000.00)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 91 OF 94

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6250

STREICKER FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

STREICKER, MARGARET, , ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 10

City

State

ZIP Code

MILFORD

CT

06460

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

300000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 02 D /

Y 2020 Y

M M /

D D /

Y DUE ON
DEMAND Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC/10.6250

(CONVERSION OF CANDIDATE LOAN -\$300,000.00)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 93 OF 94

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6251

STREICKER FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)

STREICKER, MARGARET, , ,

☐ Memo Item

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 10

City

MILFORD

State

CT

ZIP Code

06460

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 10 M /

D 05 D /

Y 2020 Y

M M /

D D /

Y DUE ON DEMAND Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

350000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC/10.6251

(CONVERSION OF CANDIDATE LOAN -\$250,000.00)

Form/Schedule:

Transaction ID: